

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

CHIROPRACTIC EXAMINING BOARD

INFORMATION FOR NEWLY LICENSED CHIROPRACTORS

COMMUNICABLE DISEASES

It is your obligation to familiarize yourself with the rules and regulations on communicable diseases. A copy of these rules can be obtained by contacting the Wisconsin Department of Health and Social Services, 1 W. Wilson St., P.O. Box 309, Madison, WI 53701.

CARDIOPULMONARY RESUSCITATION CERTIFICATION

In accordance with Chir 3.09, every chiropractor shall obtain certification in cardiopulmonary resuscitation at least every 2 years. At this time, the requirement is met by any CPR certification program.

MEDICARE/MEDICAID

To secure provider numbers for Medicare and/or Medicaid, please contact the following agencies:

Medicare
WPS
P.O. Box 1787
1717 W. Broadway
Madison, WI 53701
(608) 221-4711

Medicaid
EDS Federal Corporation
6406 Bridge Rd.
Madison, WI 53713
(608) 221-4746

In contacting WPS, please include your name, employment address, telephone number, date of birth, name and location of high school, date of high school graduation, name of under-graduate college(s), name and location of chiropractic college and date of graduation.

In contacting EDS, please include your name, employment address, social security number, chiropractic license number, date issued, tax I.D. number, if applicable, and indicate whether you are in solo or group practice. If you are in group practice, include the names of your colleagues.

DO NOT CONTACT THESE AGENCIES UNLESS YOU HAVE ESTABLISHED A WISCONSIN ADDRESS AND TELEPHONE NUMBER.

REGISTRATION OF X-RAY UNITS

In accordance with sec. 140.54, Stats. and HSS 157, Wis. Admin. Code, you are required to register your x-ray unit with the Radiation Protection Section, Department of Health and Social Service, P.O. Box 309, Madison, WI 53701, (608) 267-4782. Additional information on radiographic installations will be provided by that office.

Wisconsin Department of Regulation & Licensing

NAME AND ADDRESS CHANGES

According to Chapter 440.11, Stats., any name and/or address changes must be reported to the board office within 30 days of the change or a \$50.00 fine can be imposed. All changes must be submitted in writing, listing the applicable information below:

previous name
current name

previous address
current address

license number
profession

CONTINUING EDUCATION

YOU ARE EXEMPT FROM THE CONTINUING EDUCATION REQUIREMENT DURING THE BIENNIUM IN WHICH YOU ARE LICENSED AND ALSO IF YOU PRACTICE IN ANOTHER STATE. However, as of January 1, 2002, if you are practicing in Wisconsin, you will be required to complete 40 hours of continuing education for your biennial license renewal by December 31st of the even-numbered years. Your license will also expire at this time. Renewal licenses will be sent in November of the even-numbered years.

Effective January 1, 1997, the Chiropractic examining Board and the Department of Regulation and Licensing are no longer requiring chiropractors to submit certificates of attendance issued by the program providers as proof of having completed the required 40 hours of continuing education.

This change will also mean that the board and department will no longer maintain a listing of the number of hours completed and the courses that were completed. **Chiropractors should no longer send these certificates or forms or letters to the board or department.**

CHIROPRACTORS ARE REQUIRED TO MAINTAIN THEIR CONTINUING EDUCATION CERTIFICATES OF ATTENDANCE FOR A MINIMUM OF 5 YEARS IN THE EVENT THE BOARD WOULD CHOOSE TO AUDIT THEIR RECORDS.